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**Cardiovascular & Genomics**

**Research Institute**

CGRI Staff Development Fund - Application form

**Staff members may apply at any time for funding to attend a course, conference, or other development activity. Please see the guidance notes for terms & conditions and help in preparing an application.** All applications must be supported by the applicant’s line manager.

Note that on completion of the funded activity, you are asked to provide a written **evaluation** of the activity including what you gained/learned. See **guidance notes.**

**Procedure**

Please complete sections 1-6 in full and submit to your line manager by e-mail to complete Section 7.

E-mail your completed application to the Research Institute Manager.

**Please note: Funding must be approved prior to** **registering for the activity. Funding cannot be granted in retrospect.**

# SECTION 1: PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | E-mail |  |
| Job Title |  | Telephone |  |
| Section |  | Date |  |

# SECTION 2: DETAILS OF THE ACTIVITY

|  |  |
| --- | --- |
| Title & provider |  |
| Nature of activity |  |
| Location |  |
| Full details  *Please attach or link documents that will allow us to view the full details.* |  |
| Start and end dates |  |
| Deadline for application |  |
| Are you giving a presentation, chairing a workshop etc?  *Please provide further information including details of poster acceptance (if applicable).* |  |

# SECTION 3: EXPECTED COSTS

|  |  |
| --- | --- |
| Course / conference / tuition fees  Please specify nature and amount of fee, listing major items individually e.g. registration. |  |
| Travel costs  Please give details |  |
| Accommodation costs  Please specify number of nights |  |
| Other costs (please specify) |  |
| TOTAL FUNDING APPLIED FOR |  |
| Please list other external or internal sources to which you have applied for funding |  |
| Please give details of any part-costs provided from elsewhere. |  |

# SECTION 4: PERSONAL DEVELOPMENT REVIEW (PDR)

Please state which training and development needs this staff development activity will meet.

|  |  |
| --- | --- |
| Date of most recent PDR *[must be in last 12 months for approval of funding]* |  |
| Training/development need identified in PDR |  |

# SECTION 5: REASON FOR APPLICATION

Please indicate how the activity will assist you in your current work and personal development. See **Guidance notes** on details required.

|  |
| --- |
|  |

# SECTION 6: DECLARATION

I understand that St George’s, University of London may require the repayment (by deduction from payroll) of all or part of its contribution if I fail to attend or withdraw from the staff development activity*.* I also understand that I am required to submit an evaluation of the activity to the Research Institute Manager within 1 month of completion of the activity, and to undertake dissemination of information as appropriate (such as a conference report).

|  |  |
| --- | --- |
| Signed |  |
| **Date** |  |

# SECTION 7: LINE-MANAGER’S STATEMENT OF SUPPORT

Please indicate how the proposed activity will contribute to the personal and/or professional development of the individual concerned and how this in turn will contribute to achievement of Research Institute objectives and the aims of St George’s Research Strategic Plan. Please confirm that this is the most appropriate source of funds for this application.

|  |
| --- |
| **Name of Line-manager:**  **Signature: ……………………………………………………** **Date: ………………………………….** |

*Electronic signatures are acceptable*.

Where CGRI funding is approved, and if you make the payment(s) yourself, we will need you to provide **original proof of purchase** and supporting documentation.

FOR CGRI USE ONLY

|  |  |
| --- | --- |
| Date received | Date actioned |
| Approved by Academic Advisor YES / NO | Total funding awarded: £ |